

PLEASE COMPLETE AND SUBMIT THIS FORM TO YOUR SCHOOL BOARD OFFICE AND SEND A PHOTOCOPY, FAX or EMAIL TO THE BCPVPA

Attn: Jennifer Harfield jennifer@bcpvpa.bc.ca

BCPVPA 200-525 10th Ave West • Vancouver • V5Z 1K9 • 604-689-3399 or 800-663-0432 • fax 604-877-5380

| BCPVPA Mem | ber Enrollment | | |
|---|---|---|---|
| Name | | | Salutation |
| | | | Mr./Ms/Miss/Mrs./Dr./etc. |
| | | | |
| Member's school district email address | | | |
| Position | Principal Vice-Principal | Other (plea | se specify) |
| School name _ | | | |
| School address | | | |
| School phone _ | | School fax | <u> </u> |
| Home address – | | | |
| Home phone _ | | _ Cell (option | aal) |
| sity in leadership | · | Aboriginal leade | of advancing and supporting diverership. The question is optional. erica, Inuit, Métis?) Yes No |
| Authorization | for Automatic Payroll Ded | uction | |
| the Secretary-Tre authorize you to c payable to the BC you to deduct from time at any regula Principals' and Vi DUES: \$1295 pe | m my salary such further or increarly constituted meeting of the BC ce-Principals' Association. | ership dues as of Association as seed dues as markers and notification. | I hereby described below. These dues are specified below. I further authorize may be agreed upon from time to fied to you in writing by the BC 12-month equal payments \$107.92 other |
| Signature | | | please specify ———————————————————————————————————— |

The BCPVPA takes privacy seriously and is committed to protecting your personal information. We collect the personal information you provide to us on this form solely for the purposes identified in our Privacy Policy. Our Privacy Policy also sets out our strict controls over the use and disclosure of your personal information. To view a copy of our Privacy Policy, contact us at privacy@bcpvpa.bc.ca or go to our web site at www.bcpvpa.bc.ca